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ABSTRACT

This paper discusses the implementation of pragmatic-oriented communication therapy at the Carl Sandburg Elementary Learning Center, a self-contained special education school. The pragmatic orientation emphasizes teaching of the communication process. It is proposed that by teaching an organization of discourse, students become more involved with, and learn to comprehend, the concept of communication. Among the goals of the pragmatic approach used with a group of 11- and 12-year olds were increasing language for specific purposes such as junior high school, and teaching students to initiate communication in a positive manner. Instructions for two activities are included. (SW)

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PRAGMATICS GENERALIZED TO A SPECIAL EDUCATION CENTER

Presented by: Susan F. Marks and Mary W. Casner

62nd Annual CEC Convention

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In recent years, it has become apparent that research in the area of pragmatics is having a major impact upon our understanding of communication development. Longitudinal data has established poor remediation success rate for children who demonstrate language disorders. As reported by King, (1982), children diagnosed as linguistically disordered in 1967-69 who then received intervention still demonstrated communicative difficulties fifteen years later.

Our understanding of the linguistic system has become more sophisticated since 1967. However, intervention strategies do not always follow suit and seem to lag behind current understanding of the theoretical constructs in the field of communication disorders. The emphasis of this paper will be to discuss the implementation of pragmatic oriented communication therapy in a special education center.

Carl Sandburg Elementary Learning Center is a Level V special educational program in Montgomery County, Maryland. It is a totally self-contained special education school. This center is designed for multi-handicapped elementary aged students who demonstrate a combination of the following handicapping conditions: severely learning disabled, emotionally impaired, mildly mentally retarded, speech/language impaired, hearing impaired, and mildly cerebral palsied. Most of the students, 90%, received communication therapy. The linguistic behavior demonstrated by the children ranged from mildly delayed students to those who demonstrated such a severe linguistic deficit that it is considered their primary handicap.

When Carl Sandburg Learning Center opened in 1977, speech and language therapy was delivered in a traditional way. Students were pulled from their classrooms and seen individually or in small groups. Therapy programs placed an emphasis on structure and vocabulary development. Eventually, however, speech and language therapy was moved from the therapy room into the classroom. It was felt that communication should be integrated into the students' total school program. Particular emphasis was placed upon integrating communication therapy into the reading/language arts curriculum and into the students' behavioral programs. Most of the therapy was performed in groups in the most natural environment possible. The child's classroom was considered the best therapy room. The pragmatic orientation of the clinicians emphasized the teaching of the communication process. It was felt that communication includes the speaker, listener and message and that the student needs to understand how all these parts integrate to make a successful communication event. This orientation

coincides with much of the research in metacognition in which it has been found that learning will not take place unless the learner, and in this case, the communicator, has the knowledge of how he or she goes about learning or communicating. Students need to know how to use clues from the communication environment to evaluate and revise hypothesis about the current state and future state of the communicative interaction. Normal speakers do this automatically while language impaired students do not.

Essential concepts in this pragmatic orientation are the features of context. Bates reports that pragmatics really is the rule governing the use of language in one text. Prutting (1982) differentiates between four features of context; 1) cognitive and social context--knowledge of physical and social world, 2) physical context--perceptual properties of people and objects, 3) linguistic context--prior occurring and post verbal behavior, and 4) nonlinguistic context--nonverbal and paralinguistic behaviors. Children need to know all these dimensions to be capable communicators. To complicate the issue even more, context lacks boundaries; it is always changing. The abstractness of context makes it difficult for language impaired students to generalize what they have learned in therapy to actual communication situations they meet daily.

It is essential that language disordered children be taught to monitor how well they are communicating. In fact, language disordered children may have a deficit in this metacognitive awareness. For instance, they may have difficulty accessing and using their knowledge of the subject which they are talking about. A problem may also exist in selecting and implementing appropriate strategies for effective communication. Finally, the difficulty may be in monitoring the communication event and then choosing the proper repair strategy. In many ways, our language impaired children have come to feel that they have no way to overcome failure in communication situations. Because they are mastery oriented, we as clinicians also fail to teach them that they have control over their successes and failures in communication. It is imperative to teach therefore, the process of communication.

The authors (Roth & Spekman, 1984) propose that by teaching an organization of discourse, students become more involved with, and learn to comprehend the concept of communication. For example, and one must teach...

turn taking	-	not just form
topic initiation	-	not just questioning
topic maintenance	-	not just comprehension
termination strategies	-	not just form
repair strategies	-	not just different structures

Pragmatic literature has broadened our view of communication. We know that capable communicators usually have strong social skills. Often it's one's social identity that is affected by having a speech/language and/or hearing disorder. Communication, therefore, is really a vehicle for initiating, maintaining and terminating relationships (Prutting, 1982). This more global, process oriented, socio-linguistic approach brings new challenges and responsibilities to the speech and language clinician.

We would like to discuss and illustrate how we used a pragmatic emphasis at Carl Sandburg Learning Center. In the first instance, we chose a group of students who were in their last year at the Learning Center. The students were 11 and 12 years old. Most of these students had from four to five years of speech and language therapy. The students who participated in the pragmatic group demonstrated a variety of communication disorders. One girl demonstrated disarthric speech caused by cerebral palsy. In addition, she also demonstrated word finding deficits. Two children had severe word finding and expressive language problems. Three children demonstrated significant vocabulary deficits and reduced comprehension of linguistic structure. Two students only showed deficits in the use of language. One student was so severely language impaired that it was considered his primary handicap.

The goal for the group was to facilitate acquisition of effective communication skills. Specific objectives included: increasing language for specific purposes such as junior high school; increasing the range of interactions understood and used; increasing the variety of the students' interactions; increasing the students' ability to perceive accurately the communicative intentions of their peers; and, their own communicative effectiveness. Emphasis was also placed upon teaching the students to adjust their communication dependency on the audience and to initiate communication in a positive manner.

Within this junior high preparatory group, students were placed in a girls' group and a boys' group. Students met bi-weekly, girls and boys alternating weeks. In this pragmatics group, there were few restrictions placed upon the students in terms of the content of their conversation. All students, however, needed to evaluate their communication participation at the end of each session. The clinicians tried to tap into the students' background information and knowledge as much as possible, and if they did not have any experience in the situation, we tried to provide it for them. For example, we planned a visit to a junior high school. Before the visit occurred, predictions of what it would be like were made and role playing

was done to practice the event. Other activities related to junior high transition specifically were learning how to use a lock, practicing meeting new people, learning how to get around in a large place, asking for and following directions and relaying messages. For many of our students, their elementary school career had been spent at Sandburg Learning Center in a school of about 100 students, whereas all junior high school programs were housed at schools that had 800 to 1000 students. This transition created a highly anxious situation for our students.

The other aspect of this group was to provide the student with situations that would emphasize a variety of communication discourse. We provided the students with a number of projects to accomplish as a group, i.e., cooking activities, role playing activities and problem solving activities. In these activities, students specifically practiced turn taking, topic maintenance, initiation of communication, etc.

In addition to this pragmatic group, other therapy groups in the school centered around this pragmatic orientation. For example, one group seen in a classroom was directed at getting the students to initiate communication. The clinician would do a variety of actions to aid this initiation. For example, the clinician could bring in unusual materials and ask the students to use them but not give any directions for their use. Another technique was to change usually occurring practices to something unusual or out of the ordinary. Toys were brought into the classroom that were broken or the clinician would not speak until a child would initiate some utterance. Roth and Spekman (1984), provide excellent examples of situations into which children can be placed to demonstrate a variety of interactions. Many therapeutic interventions can be patterned after their suggestions (see Table 1). One activity that was quite successful was making an ice cream sundae. This unusual sundae came about by pointing out to the children that the usual does not always occur. First, the clinician showed the group a picture of a sundae and elicited the attributes of the sundae. The students usually came up with the following: An ice cream sundae is cold and wet. The sprinkles are colorful and small. The cherry is round and red. The whipped cream is white and fluffy. And finally, the nuts are brown and crunchy. Then we decided to prepare the sundae. Instead of the usual ingredients, the clinician brought ingredients that fit our description but did not resemble a sundae. Our sundae, therefore, consisted of ice, topped with colored confetti, nut shells, cotton balls and a small red ball. Situations like these increase expression and the students' use of various communication functions.

The kinds of activities that can be developed to increase pragmatic skills are varied. For the clinician, it calls upon an understanding of the communication process that stimulates creative and more meaningful therapeutic situations. As communication specialists, we must teach flexibility of linguistic use rather than reinforce rigidity of linguistic structure. We must expand how the child uses language as a tool to: 1) build relationships with people in their social environment; 2) become aware of relationships in their academic environment, and 3) take their own initiative to profit from learning and social interactions.

TABLE I
(Roth & Spekman, 1984)

<u>INTERACTION</u>	<u>FACILITATING ENVIRONMENTS</u>
request for information	situations in which someone wants or needs information
request for actions	situations in which someone needs something to perform, repeat or cease
response to requests	situations in which requests for information or actions are directed to someone
statements or comments	situations in which someone is stimulated to comment or take a position
attention seeking	situations in which someone wants or needs another's attention in order to progress with interactive activities
protesting, rejecting, denying	situations in which someone is likely to object
greeting	situations in which individuals meet and are introduced
other performatives, i.e., tease, warn, convey humor	situations in which individuals express surprises, alert someone, tease, etc.

MAKING A SIX-FOOT LONG SUB SANDWICH

GOAL: To increase students' cooperative group communication skills

MATERIALS: fixings for a sub sandwich

TECHNIQUES: modeling, specific feedback of communication skills, requesting repetition

Students are provided with fixings for a 6-foot sub sandwich. It is up to them to put it together and divide it for the group. This activity places the students in a situation where they have to request information and negotiate their needs as opposed to group needs. The success of the group activity really depends upon the effectiveness of the communication. The students then evaluate their communication effectiveness and strategies for more effective communication are determined.

* * * * *

ICE CREAM SUNDAE

MATERIALS: picture of ice cream sundae
confetti
cotton
small rubber ball

ice
nut shells
dish

TECHNIQUE: eliciting information from students, questioning, modeling

The students are shown a picture of an ice cream sundae. They are asked to describe the attributes of the sundae. The clinician helps the students come up with the attributes (cold & wet; colorful & small; brown & crunchy; soft & fluffy; and small and red). The sundae is then made with the materials of ice, confetti, nut shells, cotton and a ball. The clinician then points out how what is usual is sometimes not what occurs. We then come up with communication strategies that would prevent the misunderstanding.

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